

Filing Fee \$75.00

PARTNERSHIP

STATE OF MAINE

STATEMENT OF DISSOLUTION

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

Pursuant to [31 MRSA §1085](#), the undersigned partner who has not wrongfully dissociated executes and delivers the following Statement of Dissolution:

FIRST: The name of the partnership is _____

SECOND: The above named partnership has dissolved and is winding up its business.

THIRD: The undersigned declares under penalty of perjury that the contents of this statement are accurate.

Dated _____

Partner(s)*

(signature)

(type or print name)

For Partner(s) which are Entities

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

*Statement **MUST** be signed by a partner ([31 MRSA §1005.3](#))

The execution of this application constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to:

**Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101
Telephone Inquiries: (207) 624-7752**

Email Inquiries: CEC.Corporations@Maine.gov